



## City of Kuna Mechanical Permit Application

City of Kuna  
P.O. Box 13  
Kuna, Idaho 83634

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Web: [www.cityofkuna.com](http://www.cityofkuna.com)  
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Contractor License #: \_\_\_\_\_  
Parcel#: \_\_\_\_\_ Zone: \_\_\_\_\_  
Legal Description: \_\_\_\_\_  
Site Address: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### **Mechanical Fee Schedule**

New Residential Mech. Installations:

New one and two family dwellings: \_\_\_\_\_ \$93.00

Other Residential Installations:

Permit Fee: (applies to all "Other Residential Installations") \_\_\_\_\_ \$23.00

Mech. Equip.	_____	X \$6.00	\$ _____
Vent Piping	_____	X \$6.00	\$ _____
Gas Piping	_____	X \$6.00	\$ _____
Fireplace	_____	X \$6.00	\$ _____

**Multi-Family and Commercial** – permit fee (applies to all permits in this section) \_\_\_\_\_ \$23.00

**\* Project Value: \$ \_\_\_\_\_ .00**

\*Project value is the total fair market contract cost of the job and shall include, but not limited to: all materials, labor and equipment. This value is not reducible due to owner supplied and/or donated materials, labor and/or equipment. **Please include a copy of the bid proposal on company letterhead.**

#### **Project Valuation Table:**

For projects \$20,000 or less = 2.68% of job value

For projects \$20,000 through \$50,000 = \$536 +1.61% of job value over \$20,000

For projects over \$50,000 = \$1,019.00 plus .80% of that portion exceeding \$50,000.

**Re-Inspection Fee's** - Re-Inspection Fee (After 2 failed attempts) \$45.00 each

**Late Fee's** – Double permit fee

**Work constructed without a permit** – Double permit fees will be the minimum charge assessed.

**Note:** Once plans have been checked and approved for issuance the applicant **MUST** pick up the building permit within **30 days** or the plans will be destroyed. Per IBC 2015/IRC 2015 regulations, work must commence or resume within 180 days or permit is invalid. Building Official may grant time extensions prior to expiration.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STAFF RECIPIENT/CREATED BY:  
(Initial/Date) \_\_\_\_\_ / \_\_\_\_\_